

Medical Direction Committee Minutes
Office of EMS
October 19, 2005
10:30 AM

Members Present:

Kimberly Mitchell, M.D.
Sabina Braithwaite, M.D.
James Dudley, M.D.
Stewart Martin, M.D.
Bethany Cummings, D.O.
William Hauda, M.D.
Mark Franke, M.D.

Members Absent:

Peter Bruzzo, M.D. (excused)
Cheryl Haas, M.D.
Kenneth Palys, M.D.
George Lindbeck, M.D.
Asher Brand, M.D.
Dave Garth, M.D.
John Rawls, M.D.
Carol Gilbert, M.D.

Staff:

Warren Short
Chad Blosser
Tom Nevetral
Scott Winston
Michael Berg

Others:

Joanne Lapetina, M.D.
Theresa Guins, M.D.
Nina Solenski, M.D.
Keltcie Delamar
Carl Rochelle III
Deborah T. Akers
Heidi Hooker
Greg Neiman
Rose Chandler
David Cullen
Lisa A. Clapp

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
1. WELCOME	Kim Mitchell, M.D. called the meeting to order at 10:35 A.M.	
2. INTRODUCTIONS	All of the attendees were asked to please introduce themselves.	
3. APPROVAL OF MINUTES	The minutes from the July 20, 2005 meeting were approved.	Minutes Approved
4. NEW BUSINESS		
a. AHA VDH Stroke Systems Plan	<p>Nina Solenski, M.D. and Keltcie Delamar from the AHA gave a presentation and responded to questions on the AHA VDH Stroke Systems Plan that is based on the recommendations of a white paper that was released earlier this year developing statewide stroke systems plans to address the entire continuum of care for stroke.</p> <p>Dr. Solenski discussed several areas for initial consideration: standardized stroke response training curriculum, standardized field protocols for patient transfer, PSC (primary stroke centers) promotion and implementation and standardized Emergency Medical Dispatch (EMD) training. The AHA was looking for a leadership role from the Medical Direction Committee and for a member of the MDC to serve on the Stroke System Plan Advisory Team. MDC Chair Kim Mitchell, M.D. asked the committee for members who may be interested in serving in this capacity to notify her by November 14, 2005. AHA also asked MDC to form a multidisciplinary working team to address identified issues and develop recommendations and strategies. Initial recommendations are requested by April 2005.</p> <p>Dr. Franke inquired if there were existing stroke models and Keltcie Delamar advised that Massachusetts and Florida had models. Copies of the models will be obtained for the committee to</p>	

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a. AHA VDH Stroke Systems Plan (continued)	<p>review. Dr. Dudley inquired if there were outcome studies for TPA for stroke patients and Keltcie Delamar advised that there are studies available. There were some political concerns of sending a patient to a stroke center and bypassing a local hospital. The outcome data is needed to demonstrate that bypassing the local hospital would be beneficial to the patient. At one of the Stroke Systems stakeholders meetings Southwest Virginia identified delays in ground transport due to terrain and difficulty in obtaining tele-medicine capabilities for stroke treatment. This issue will have to be addressed by the various rural EMS regions.</p> <p>One of the questions asked was there funding for EMS education and Keltcie advised that the AHA would find funding sources. It was suggested that the Stroke Systems Plans should be reviewed by each of the eleven regional EMS councils so that they can put their individual spin on it to fit their regional EMS goals. Dr. Solenski also advised that there are presently four or five JCHAO Accredited Stroke Centers in Virginia.</p> <p>Bethany Cummings, D.O., Sabina Braithwaite, M.D. and George Lindbeck, M.D. are willing to lead the multidisciplinary team to work on the field training curriculum, transfer protocols, and EMD training components for the Stroke Systems Plan. James Dudley, M.D. advised that since he chairs the Professional Development Committee his group will be happy to review the protocol and educational component of the plan. If none of the members from the MDC are interested in serving on the Stroke System Plan Advisory Team then Dr. Mitchell advised that she would fill that role and attend their meeting scheduled for the first week in December.</p>	
	<p>Mr. Bruce Kaplan from LMA North America, Inc. demonstrated the LMA Fast track that comes in three sizes: #3, #4 and #5. The device is fitted with a digital video screen that that displays the airway images as the distal end of the LMA is introduced. The screen is detachable and will fit all three sizes of the LMA fast track device (see handout). Mr. Kaplan also provided the lunch for the committee. This was much appreciated by all.</p>	
b. Liability Legislation for EMS Physicians	<p>Scott Winston gave a brief overview of plans to sponsor legislation by a Senator from Lynchburg in an attempt to assist EMS physicians in minimizing their liability while acting in the position of EMS physicians. The 2003 EMS regulations require that “the EMS physician shall enter into a written agreement to serve as OMD with the EMS agency. This agreement shall at a minimum incorporate the specific responsibilities and authority specified below... #3. Must ensure that adequate indemnification exists for: a. Medical malpractice; and b. Civil liability.” 12 VAC 5-31-1880</p> <p>Physicians are finding out that they may not be covered in some instances and this make them feel uneasy. Therefore legislation is being sponsored in an attempt to rectify this issue. A suggestion was made to look at Virginia Tort Law and work from there. It was also suggested to see if the VA ACEP could be used for lobbying for improved legislation. Dr. Dudley advised that he felt that would be acceptable to VA ACEP. Scott Winston will send out an e-mail that he sent to physicians last year with the legislation date.</p>	

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c. BLS CSDR Update	<p>Tom Nevetral reported that the Basic Life Support Course Student Disposition Report is an on-line web based report that is password protected and particular to an Instructor or ALS-Coordination's initial programs. Once students have completed the program the instructor/coordinator marks the CSDR as to the student's disposition as Passed, Failed, Withdrew or Incomplete. When the student has been marked "passed" a letter of eligibility is generated to the student that allows them to register and test at their approved level.</p> <p>To date this has been mandatory for two years for ALS programs but has been optional for BLS programs. The Office has been advertising at updates that this will become mandatory at all levels beginning July 1, 2006.</p>	
d. Proposed Regulation Changes for CE	<p>Tom Nevetral advised that the Office was close to offering continuing education (CE) via the web for all levels however before this can be accomplished the current regulations will have to be changed as currently written. Presently the regulation for Category 1 credit states that a "qualified instructor must be present" therefore web based CE will not currently meet the existing requirement. In the near future regulation changes will be proposed so that web based CE will be available.</p> <p>Discussion ensued about the proposed web based CE and the committee recommended that a disclaimer be included on all web based CE that "Virginia web based continuing education may exceed the NREMT allowable limits."</p>	
e. Medical Direction Committee Makeup	<p>Presently the committee allows two "at-large" members for the Medical Direction Committee. The committee felt that they should continue to meet face to face for the committee, however if the chair felt that a situation warranted that business required a conference call then on occasion this could be accomplished.</p> <p>Meeting dates for the 2006 Medical Direction Committee were approved as follows:</p> <ul style="list-style-type: none"> • January 12, 2006 • April 13, 2006 • July 13, 2006 • October 12, 2006 <p>Location to be announced after staff has an opportunity to go out on bid for the meeting locations.</p> <ol style="list-style-type: none"> 1. Theresa "Terry" Guins, M.D. 2. Sabina Braithwaite, M.D. 3. Scott Weir, M.D. (Recommended by the chair for appointment and awaiting his acceptance at the next Medical Direction Committee). 	<p>There was a motion by John Potter, M.D. to allow the committee chair appoint three "at-large" members with a term of three years, who must be approved by the committee and a primary and alternate representative for each regional EMS council, as the make up for the committee, with all members being physicians. Seconded by Mark Franke, M.D. Motion...passed.</p> <p>The following physicians were appointed by the chair to serve the "at-large" positions. Ratification of the appointments with a motion by Stewart Martin, M.D. and seconded by William Hauda, M.D. Motion...passed.</p>

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f. OMD Web Page Roll Out	Warren Short demonstrated the long awaited OMD web page where the OMD can access the squad information (courses, compliance data, agency data, etc.) for the agencies that they have OMD responsibility. Once the OMD has advised the Office of required information the OMD will be issued an OMD endorsement card and password so that they can access the OMD web page. The MDC was very appreciative of MIS /OEMS staff efforts in developing the OMD screen.	
g. Ad Hoc Committees	<p>i. BLS Accreditation Peer Review Committee – updated list available on the web; copy included with minutes</p> <p>ii. EMT-Basic Curriculum Update Committee - updated list available on the web; copy included with minutes</p> <p>iii. Intermediate Curriculum Review Committee - updated list available on the web; copy included with minutes</p> <p>Discussion ensued about the National Scope of Practice and the NREMTs phase out of the Intermediate curriculum. It was stated that a discussion with Mr. Bill Brown, Executive Director of the NREMTs advised that NREMT Intermediate '99 curriculum would not be phased out for about ten to twelve years. It was recommended that the chair invite Mr. Bill Brown to the January 12th or the April 13th meeting to discuss this issue with MDC and Professional Development Committees at a joint meeting.</p>	Medical Direction Committee Chair Kim Mitchell, M.D.
h. Office Staff Update	<p>Warren Short advised the committee that Steve Puckett, BLS Training Specialist had accepted employment elsewhere and the position vacancy has been advertised. Hopefully the position will be filled by mid January 2006.</p> <p>Warren also advised that an ALS Training Funds Assistant and Certification Testing Coordinator will be advertised and hired soon.</p>	
10. OLD BUSINESS		
a. VHD E, P&R WMD Nerve Agent Protocol	The VDH E, P& R Nerve Agent Protocol was approved as a guidance document by the Medical Direction Committee.	Motion by Stewart Martin, M.D. to approve the VDH E, P&R Nerve Agent Protocol as guidance document for statewide administration in the event of WMD event. Motion seconded by Sabina Braithwaite, M.D. Motion...passed.
b. Statewide WMD Protocol	Work will continue on the Statewide WMD Protocol that the committee has been reviewing. It was suggested that the TEMS Regional Protocol be sent to the committee electronically so that committee members can review before further discussion at the next MDC meeting.	Tom Nevetral to disseminate the TEMS Regional WMD Protocol electronically to MDC members.
11. NEW BUSINESS		

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a.	<p>Michael Berg, OEMS Compliance and Regulation Manager, advised that there would be regulation changes recommended soon and he asked for a couple of EMS physicians to review the sections that are related to EMS physicians. James Dudley, M.D. and William Hauda, M.D. will assist in reviewing the present regulations to determine if recommendations for changes should be made.</p> <p>Michael Berg also discussed a recent pharmacy inspection that occurred in northern Virginia and advised that EMS agencies who maintain Controlled Substance Registration (CSR) permits must have policies and procedures for CSR, this includes IV fluids. Scheduled 1 and 2 medications require a DEA permit. Agencies who maintain Mark I kits requires a CSR and valium possession requires a DEA permit. See attached "Controlled Substance Registration Inspection Report B". Michael Berg to provide the MDC with a brief on this issue.</p> <p>Michael Berg also advised that any EMS agency that transfers medical oxygen from container to container is required to have a DEA and a FDA permit.</p> <p>Mr. Berg also issued a memo "Disciplinary Action by EMS Agency OMDs" that summarizes the EMS regulation "that requires all EMS agency OMDs to notify the Office of EMS whenever any disciplinary action is taken against a certified EMS personnel."</p>	<p>James Dudley, M.D. and William Hauda, MD.</p> <p>Michael Berg to provide a brief for the MDC.</p>
b.	<p>Question was raised about RSAF grants and do they still require an OMD signature for approval? There appears to be a mistake with the instructions omitting the requirement of an OMD signature.</p>	<p>Motion by Sabina Braithwaite, M.D. to require an OMD signature (regional OMD signature when agency OMD not available) on the RSAF grants. Seconded by Mark Franke, M.D. Motion...passed.</p>
PUBLIC COMMENT	<p>None</p> <p>Bethany Cummings, D.O. thanked those in attendance who make up the public gallery.</p>	
Adjournment	NEXT MEETING January 12, 2006 10:30 A.M. (Location to be announced)	